

NOAA FORM 56-15 (6-76) (PRES. BY FIN. HBK. O6 (10.05))		U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION		<i>To be completed by servicing Field Finance Office →</i>		VOUCHER NUMBER		
FAMILY SEPARATION ALLOWANCE CLAIM AND AUTHORIZATION				OFFICER'S NAME		Last First MIDDLE INITIAL		
FORWARD IN DUPLICATE TO: <i>Claimant's servicing Field Finance Office</i>				RANK		SERVICE NUMBER		
						ALLOWANCE CLAIMED FOR <i>(Incl. dates)</i> FROM TO		
Claimant must complete all items within the section that applies to the type of duty for which this claim is submitted.								
TYPE OF DUTY		RELATED DATA		FAMILY ALLOWANCE				
				NUMBER		RATE		AMOUNT
I. OUTSIDE UNITED STATES OR IN ALASKA		DATE REPORTED TO DUTY STATION		MONTHS		PER MONTH @ =		
				DAYS		PER DAYS @ =		
		ORGANIZATION NUMBER		TASK NUMBER		TOTAL		
II. TEMPORARY DUTY AWAY FROM PERMANENT STATION FOR MORE THAN THIRTY DAYS		DETACHED FROM: STATION		DATE		MONTHS PER MONTH @ =		
		RETURNED TO PERMANENT DUTY STATION:		DATE		DAYS PER DAY @ =		
		ORGANIZATION NUMBER		TASK NUMBER		TOTAL		
III. DUTY WITH SHIP AT SEA FOR MORE THAN THIRTY DAYS		NAME OF SHIP NOAA SHIP		MONTHS		PER MONTH @ =		
		DATE DEPARTED FROM HOMEPORT		DATE RETURNED TO HOMEPORT		DAYS PER DAY @ =		
		ORGANIZATION NUMBER		TASK NUMBER		TOTAL		
IV. PERMANENT DUTY AT RESTRICTED STATION IN THE UNITED STATES		DEATCHED FROM: STATION		DATE		MONTHS PER MONTH @ =		
		REPORTED TO: STATION		DATE		DAYS PER DAY @ =		
		ORGANIZATION NUMBER		TASK NUMBER		TOTAL		
I certify that during the period of above claim, except as may otherwise be indicated on the reverse of this form, my primary dependent(s) reside in a residence that was subject to my management and control, away from the place at which I was on duty, and not with relatives or friends.				CLAIMANT'S SIGNATURE				
I certify that, to the best of my knowledge, information reported in Section I, II, III, or IV above is true.				COMMANDING OFFICER <i>(Signature)</i>				